For Privacy A	ct Notic	ce, get form FTB 1131.	FORM
Califor	nia	Resident Income Tax Return 2003	540 A C1 Side 1
Step 1	Your first		P
Place label here	If joint re	turn, spouse's first name Initial Last name	AC
or print Name		home address — number and street, PO Box, or rural route	Apt. no. PMB no. A
and Address	-	n, or post office (If you have a foreign address, see instructions)	State ZIP Code R
Step 1a		social security number Spouse's social security number	IMPORTANT: Your social security number is required.
Step 2		Single Married filing jointly (even if only one spouse had income)	
Filing Statu	S	3 Married filing separately. Enter spouse's social security number above and	I full name here
Fill in only one.		Head of household (with qualifying person). STOP. See instructions.	
		5 Oqualifying widow(er) with dependent child. Enter year spouse died	
Step 3	(If your parent, (or someone else) can claim you (or your spouse, if married) a	· · · · · · · · · · · · · · · · · · ·
•	_	tax return, even if he or she chooses not to, fill in this circle	
Exemptions	-	For line 7, line 8, line 9, and line 10: Multiply the amount you enter in the box by	
Enclose, but do no staple, any payme		7 Personal: If you filled in 1, 3, or 4 above, enter 1 in the box. If you filled in 2 or 5, e in the box. If you filled in the circle on line 6, see instructions	
	,	B Blind: If you (or if married, your spouse) are visually impaired, enter 1; if both, enter 2	
		Senior: If you (or if married, your spouse) are 65 or older, enter 1; if both, enter 2	
_			Ψ Ψ Δ Λ ΨΟΣ – Ψ
Dependent		Dependents: Enter name and relationship. Do not include yourself or your spouse.	
Exemptions	•	Total dependent average	tions • 10
	4.	Total dependent exempt I Exemption amount: Add line 7 through line 10. Transfer this amount to line 18	
<u> </u>		Exemption amount. Add line / through line to. transfer this amount to line to	Ψ
Step 4			
Taxable		2 a State wages from your Form(s) W-2, box 16 ● 12a	<u></u>
Income and	ı 1 2	b Enter federal adjusted gross income from your TeleFile Tax Record, line I; Form	
California Income	٠.	Form 1040A, line 21; or Form 1040, line 34	· · · · · · · · · · · · · · · · · · ·
Adjustment	:S	3 California Income Adjustments. See instructions for line 13a through line 13f	
-		a State income tax refund	
		b Unemployment compensation	
Standard		c U.S. Social security or railroad retirement	
Deduction		d California nontaxable interest or dividend income 13de California IRA distributions	
Single or Married		f California pensions and annuities	
filing			
separately, \$3,070.	1.	 g Total California income adjustments. Add line 13a through line 13f Subtract line 13g from line 12b. This is your California adjusted gross income. 	• 13y
Married filing	1.	See instructions	▲ 1 /4
jointly,		5 Enter the larger of your California Itemized deductions or Standard deduction	
Head of household, or	'`	(see instructions). If the circle on line 6 is filled in, STOP. See instructions	
Qualifying		(See instructions). If the choic on line of silinearin, of or . See instructions	
widow(er), \$6,140.	11	Subtract line 15 from line 14. This is your taxable income. If less than zero, e	nter -0- 16
		Oubtract file to from file 14. This is your taxable moonie. It less than 2010, o	101 0
Step 5	17	7 Tax. Fill in the circle if from: O Tax Table O Tax Rate Schedule	17
Tax and	18	B Exemption credits. Enter the amount from line 11.	
Credits		If line 12b is more than \$135,714, see instructions	
Attach copy of you			
Form(s) W-2, and W-2G. Also attach		Nonrefundable renter's credit. See instructions ● 19	
any Form(s) 1099		Total avadita Add line 40 and line 40	
showing California tax withheld.		Total credits. Add line 18 and line 19	20
wa willinglu.	9,	3 Subtract line 20 from line 17. This is your total tax. If less than zero, enter -0-	23
	۷.	• Oubtract mic 20 Horil mic 17. This is your total tax. If 1655 than 2610, Clitch "O"	······································

Your name	Your SSN:	
Step 6 Overpaid Tax/	24 Enter the amount from Side 1, line 23	
Tax Due/ Use Tax	26 2003 California estimated tax and payment with form FTB 3519 and amount applied from 2002 return . ■ 26	
To view your 2003 estimated payments, go to www.ftb.ca.gov	27 Excess SDI. See instructions	
•	• 28	
Do not attach a copy of	• 29	
your federal return.	■ 30 ■ 31	
	32 Total payments and credits. Add line 25, line 26, line 27, and line 31	
	33 Overpaid tax. If line 32 is more than line 24, subtract line 24 from line 32	
	34 Enter the amount of line 33 you want applied to your 2004 estimated tax ■ 34	
	35 Overpaid tax available this year. Subtract line 34 from line 33 ■ 35	
	36 Tax due. If line 32 is less than line 24, subtract line 32 from line 24. See instructions 36	
	37 Use Tax. See instructions	
Step 7	CA Seniors Special Fund. CA Breast Cancer Research Fund • 57	_
Contributions	See instructions • 52 00 CA Firefighters' Memorial Fund • 58 00	
	Alzheimer's Disease/Related Emergency Food Assistance Disorders Fund • 53 00 Program Fund • 59 00	
	CA Fund for Senior Citizens • 54 00	
	Preservation Program • 55 00 Asthma and Lung Disease	
	State Children's Trust Fund for the Research Fund	
	Prevention of Child Abuse ● 56	
	38 Add line 52 through line 62. These are your total contributions ● 38	
Step 8 Refund or Amount You Owe	39 REFUND or NO AMOUNT DUE. See instructions. Mail to: FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0002 ■ 39 40 AMOUNT YOU OWE. See instructions. Mail to: FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001 ■ 40	
104 0110	Or pay online with FTB's WebPay – go to www.ftb.ca.gov 41 Underpayment of estimated tax. If form FTB 5805 is attached, fill in this circle ○ ■ 41	
	42 If you do not need California income tax forms mailed to you next year, fill in this circle • 42	
Direct Deposit	Do not attach a voided check or a deposit slip. See instructions. Fill in the boxes to have your refund directly deposited. Routing number	
(Refund Only)	Account type: Checking ● Savings ● Account number	
Step 9		3
-	Spouse's signature (it litting jointly, both must sign) Layunite phone number (optional) (
Sign Here It is unlawful to	X	
forge a spouse's signature.	•	
Joint return?	Firm's name (or yours if self-employed) Firm's address FEIN	_
See instructions.		